

State of Arizona

Department of Health Services

Request For Grant Application (RFGA)

RFGA Number: HR821043

RFGA Due Date / Time: October 11, 2007, at 3:00 P.M. Local Time

Submittal Location: Arizona Department of Health Services
1740 West Adams Street, Room 303
Phoenix, Arizona 85007

Description of Procurement: Nursing Care Quality Improvement

A Pre-Application Conference:

September 13, 2007 10:00 AM 150 North 18th Avenue, ALS Training Room, Phoenix, AZ 85007

Date	Time	Location
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In accordance with A.R.S. §41-2701, competitive Sealed Grant Applications will be received by the Arizona Department of Health Services, at the above-specified location until the time and date cited.

Applications must be in the actual possession of the Arizona Department of Health Services, Procurement Office on or prior to the time and date, and at the submittal location indicated above. ***Late Applications will not be considered.***

Applications must be submitted in a sealed envelope or package with the RFGA Number and the Applicant's name and address clearly indicated on the envelope or package. All Applications must be completed legibly in ink or typewritten. Additional instructions for preparing an Application are included in this RFGA.

Persons with disabilities may request special accommodations such as interpreters, alternate formats, or assistance with physical accessibility. Requests for special accommodations must be made with 72 hours prior notice. Such requests are to be addressed to the RFGA Contact Person.

APPLICANTS ARE STRONGLY ENCOURAGED TO CAREFULLY READ THE ENTIRE RFGA.

Grant Solicitation Contact Person:

Elizabeth Casteel

Name

Tel: 602-542-2934

Email: castee@azdhs.gov

Telephone Number / Email

Christine Ruth

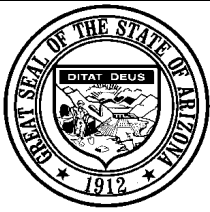
Deputy State Government Administrator

Date

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GRANT APPLICATION
RFGA NO.: HR821043

Arizona Department of Health Services
1740 W. Adams, Room 303
Phoenix, Arizona 85007
(602) 542 - 1040
(602) 542 - 1741 (Fax)

The Undersigned hereby applies and agrees to comply with all the terms, conditions, specifications, any amendments in the Request and any written exceptions in the Application.

Applicant's Arizona Transaction (Sales) Privilege Tax License Number: _____

Applicant's Federal Employer Identification Number: _____

Applicant's Name

Name of Person Authorized to Sign Application

Street Address

Title of Authorized Person

City State Zip Code

Signature of Authorized Person Date

Telephone Number: _____

Facsimile Number: _____

Acknowledgement of Amendment(s):
*(Applicant acknowledges receipt of amend-
ment(s) to the Request for Grant Application
and related documents numbered and dated*

Amendment No.	Date	Amendment No.	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ACCEPTANCE OF APPLICATION AND GRANT AWARD
(For State of Arizona Use Only)

Your Application, dated _____, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the RFGA and your Application, as accepted by the State.

This Grant will henceforth be referred to as Grant Number: _____

You are hereby cautioned not to commence any billable work under this Grant until you receive an executed purchase order, grant release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this _____ day of _____ 2007.

State Government Administrator

INTRODUCTION
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STATEMENT OF PURPOSE

Effective 7/1/07, federal approval was received for a \$400,000 appropriation to be used for nursing care institution quality improvement grants for eligible facilities.

The grant is to be used for programs and activities designed to improve the quality of resident care in a particular facility in one or more of six specific quality measures (identified below).

Data and best practices developed by the facility (awardee) will be shared with other ADHS licensed providers.

INTRODUCTION

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WHAT WILL BE FUNDED WITH THIS GRANT APPLICATION

1. What are the Program Goals and Priority Areas?

Effective 7/1/07, federal approval was received for a \$400,000 appropriation to be used for nursing care institution quality improvement grants for eligible facilities.

The purpose of the grant is to improve the quality in the particular facility in one (1) or more of six (6) specific quality measures:

- a. Reduction in incidences of pressure ulcers;
- b. Reduction in physical restraints;
- c. Improvement in pain management
- d. Reduction in incontinence;
- e. Reduction in falls;
- f. Reduction in the use of anti-psychotic medication

2. What is the Funding Source for this Grant?

Nursing Care Institution Resident Protection Fund - \$400,000
(HB2781, Section 45)

3. What is the Total Amount of Available Funds?

A total of up to \$360,000.00 is available for award to multiple qualified applicants. Awards are available for up to \$30,000 per application. There is no fixed amount for each award. Funds are limited. The funds will be awarded as appropriate to applicants who best meet the Evaluation Criteria set forth in this Request For Grant Applications. The amounts will be based on proposed project activities. Successful applicants will be notified in writing regarding the results of the grant process.

4. Eligible Expenditures:

In order to improve one (1) or more of the specified quality measures, the nursing care institution may use available grant funds for:

- a. measurement tools
- b. in-service training
- c. consultation
- d. technology improvement
- e. work force development initiatives
- f. systems improvements
- g. medication management improvements
- h. development and adoption of best practices and materials

5. Applications Requirements

The Applicant shall address one or more of the following categories:

- a. Reduction in incidences of pressure ulcers.
- b. Reduction in physical restraints.

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- c. Improvement in Pain Management.
- d. Reduction in Incontinence.
- e. Reduction in Falls.
- f. Reduction in the Use of Anti-Psychotic Medication.

ELIGIBILITY
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ELIGIBLE APPLICANTS

Any nursing care institution that, in the past, has received one (1) or more deficiencies on the annual facility compliance and licensure survey conducted pursuant to A.R.S. § 36-425.02 regardless of the actual date of the survey.

INSTRUCTIONS

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SPECIAL INSTRUCTIONS TO APPLICANTS

1. **Pre-Application Conference:**

- a. Prospective applicants are invited to attend a pre-application conference. The date, time and location of this conference are indicated on the cover page. This conference will be to clarify the contents of this RFGA in order to prevent any misunderstanding of the Department's position. Any doubt as to the requirements of this RFGA or any apparent omission or discrepancy should be presented to the Department at this conference. The Department will then determine the appropriate action necessary, if any and may issue a written amendment to this RFGA. Oral statements or instructions shall not constitute an amendment to this RFGA.
- b. Those who are planning to attend the Pre-Application Conference either in person or via teleconference should RSVP to the ADHS Procurement Office by sending an email to casteee@azdhs.gov no later than close of business Wednesday, September 12, 2007. A teleconference number will be provided via return email to all responding Applicants prior to the Pre-Application Conference.

2. **Application Opening:**

Applications shall be opened publicly at the time and place designated on the cover page of this document. The name of each Applicant shall be read at this time. After Grant award, the applications and evaluation documents shall be open for public inspections. The anticipated award date is November 30, 2007.

3. **Evaluation Criteria:**

Grant Applications will be evaluated according to A.R.S. § 41-2702F and the evaluation criteria listed below. The following evaluation criteria are listed in the relative order of importance:

- i. Proposed Project and Methods to perform and complete the work.
- ii. Potential for development of services or procedures that will contribute to best practices methodology in addressing one or more of the specified criteria.
- iii. Cost and Financial Controls.
- iv. Conformance to all other RFGA Requirements and Conditions.

4. **RFGA Questions:**

Questions about the RFGA needing clarification may be submitted in writing, or email not later than seven (7) working days prior to the RFGA due date to:

Elizabeth Casteel, Procurement Specialist
Arizona Department of Health Services
Office of Procurement
1740 West Adams, Room 303
Phoenix, Arizona 85007
Phone No.: (602) 542-2934
Fax No.: (602) 542-1741
E-mail address: casteee@azdhs.gov

INSTRUCTIONS

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5. Confidential Information:

If an applicant believes that their application contains information that should be withheld, a statement advising the ADHS Administrator of this fact and explaining the reasons for confidentiality shall accompany the submission, and the information shall be so identified wherever it appears. The person shall stamp or specifically identify all information the people believe remains confidential. The information identified by the person as confidential shall not be disclosed until the ADHS Administrator makes a written determination. The ADHS Administrator shall review the statement and information and shall determine in writing whether the information shall be withheld. If the ADHS Administrator determines to disclose the information, the ADHS Administrator shall inform the person in writing of such determination.

6. Oral or Written Presentations:

In accordance with A.R.S. §41-2702, applicants may be invited to make oral or written presentations regarding the scope of work, terms and conditions of the grant, budget and other relevant matters set forth in the request for grant applications. Applicants shall be accorded fair treatment with respect to any opportunity for oral or written presentations. The evaluators may require an applicant to revise an application to reflect information provided in an oral or written presentation.

7. Multiple Awards:

In order to assure that any ensuing grants will allow the State to fulfill current and future needs, ADHS reserves the right to award grants to multiple applicants.

8. Application Acceptance Period:

To be eligible for grant award, application cost estimates must be held open until and after the grant contracts are awarded.

9. Collaborative Partnerships within Program Area:

The state encourages partnerships with other entities and programs within communities. Partnerships and/or collaborative efforts are defined as joint efforts with other entities that could provide additional resources, such as funding, in-kind, direct services, volunteers, and community support. When proposing partnerships, provide letters of agreement or memoranda of understanding describing the roles and responsibilities each partner will assume and signed by appropriate partners.

10. Authorized Signature:

A. For any document that requires the Applicant's signature, the signature provided must be that of the Owner, Partner or Corporate Officer duly authorized to sign Grant agreements. Additionally, if requested by ADHS, disclosure of ownership information shall be submitted.

(1) Privately Owned: The Owner must sign the grant application.

(2) Partnership: A Partner must sign the grant application.

(3) Corporation: A duly authorized Corporate Officer must sign the grant application.

B. If a person other than these specified individuals signs the grant application, a Power of Attorney indicating the employee's authority must accompany the grant application. All addenda to the grant application shall be signed by the authorized individual who signed the grant application except that they may be signed by a duly authorized designee.

INSTRUCTIONS

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HOW TO PREPARE AND SUBMIT APPLICATION

1. Read and familiarize yourself with all sections of this RFGA.
2. Definition of Terms used in this RFGA.
 - A. ***“Activities”*** are day-to-day and periodic things that are accomplished to meet the goal(s). They are usually single-faceted, simply stated and numerous.
 - B. ***“ADHS”*** means the Arizona Department of Health Services.
 - C. ***“Department”*** means the Arizona Department of Health Services.
 - D. ***“Shall or Must”*** indicates a mandatory requirement. Failure to meet these mandatory requirements may result in the rejection of an application as non-responsive.
3. **Required Application Information.** The following shall be submitted concurrent with and as part of the Application:

One (1) original and five (5) copies of each application shall be submitted on the forms and in the format specified in the RFGA. If the responses are typed, they shall use a 12-point font and be single-spaced. The original copy of the application should be clearly labeled "ORIGINAL". The material should be in the sequence listed below and should be related to the RFGA. The Department will not provide any reimbursement for the cost of developing or presenting applications in response to this RFGA. Failure to include the requested information may have a negative impact on the evaluation of the applicant's application. Applications shall have a table of contents, and tabs for each section. All copies shall be provided in a bound folder labeled with Applicant's name and project title, with dividers for each section indicated below. The original, ink signed application shall be clearly marked **“Original.”**

- a. Table of Contents for entire application with page numbers.
- b. Signed Application and Award Form.
- c. Terms and Conditions.
- d. Executive Summary addressing all sections of the Scope of Work. Each section should be clearly identified and then addressed in Applicants' Summaries. **(not to exceed total of 10 pages)**
- e. Completed Budget Summary (Attachment 1).
- f. Completed Price Sheet.
- g. Organizational Chart.
- h. Grant Payment Request Form (Attachment 2).
- i. Other Attachments: As applicable (i.e. subcontractors' contracts, applicant program materials, copies of curricula).

TERMS AND CONDITIONS

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TERMS AND CONDITIONS

1. **Grant Term:** The initial term of this Grant shall commence upon award and shall remain in effect for one year, unless terminated, canceled, or extended as otherwise provided herein.
2. **Grant Type:** Cost Reimbursement.
3. **Grant Amendments:** Any change in this Grant, including the Scope of Services, shall only be accomplished by a formal, written grant amendment, signed by the ADHS Administrator. Any such amendment shall be within the scope of the grant and shall specify the change, any increase or decrease in Grant amount and the effective date of the change. The Grantee expressly and explicitly understands and agrees that no other method and/or no other document, including correspondence, acts and oral communications by or from any person, shall be used or construed as an amendment to this Grant.
4. **Funding:**
 - a. **Availability of Funds for the current State fiscal year:** Should the State Legislature enter back into session and reduce the appropriations or for any reason and these goods or services are not funded, the State may take any of the following actions:
 - i. Decrease in the amount given to Grantee;
 - ii. Cancel the Grant Application;
 - iii. Cancel the Grant and re-solicit the Grant Applications.
 - b. **Availability of Funds for the Next Fiscal Year:** Funds may not presently be available for performance under this Grant beyond the current fiscal year. No legal liability on the part of the State for any payment may arise under this Grant beyond the current fiscal year until funds are made available for performance of this Grant. The State shall make reasonable efforts to secure such funds.
5. **Key Personnel:** It is essential the Grantee provide an adequate staff of experienced personnel, capable of and devoted to the successful accomplishment of work performed under this Grant. The Grantee must assign specific individuals to key positions of responsibility (**as identified on Attachment 6**). Once assigned to work under this Grant, key personnel shall not be removed or replaced without prior express approval by the ADHS Administrator and Program Administrator.
6. **Payment:** The Grantee shall submit to ADHS, a monthly statement of charges in a form provided as Exhibit 1 Contractor's Expenditure Report (CER) for the work completed under an approved project manager in conformance with the price sheet/fee schedule of this contract. It should be noted this is not required for the initial application submittal.
7. **Suspension or Debarment Status:** If the firm, business or person submitting this contract has been debarred, suspended or otherwise lawfully precluded from participating in any public procurement activity, including being disapproved as a Grantee with any federal, state or local government or if any such preclusion from participation from any public procurement activity is currently pending, the Applicant shall fully explain the circumstances relating to the preclusion or proposed preclusion in the Application. The Applicant shall include a letter with its Application setting forth the name and address of the governmental unit, the effective date of this suspension or debarment, the duration of the suspension or debarment, and the relevant circumstances relating to the suspension or debarment. If suspension or debarment is currently pending, a detailed description of all relevant circumstances including the details enumerated above shall be provided. The Application of an Applicant who is currently debarred, suspended or otherwise lawfully prohibited from any public procurement activity shall be rejected.

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8. **Information Disclosure:** The Grantee shall establish and maintain procedures and controls that are acceptable to the state for the purpose of assuring that no information contained in its records or obtained from the state or from others in carrying out its functions under the Grant shall be used or disclosed by it, its agents, officers, or employees, except as required to efficiently perform duties under the Grant. Persons requesting such information should be referred to the state. The Grantee also agrees that any information pertaining to individual persons shall not be divulged other than to employees or officers of Grantee as needed for the performance of duties under the Grant, unless otherwise agreed to in writing by the state.
9. **Accounting Requirements:** All financial records shall be maintained and expenditures made in accordance with the Generally Accepted Accounting Principles to permit accurate tracking of funds to a level of expenditure adequate to ensure proper use of funds.
10. **Audit:** Pursuant to A.R.S. §35-214, at any time during the term of this Grant and five (5) years thereafter, the Grantee's or any subcontractor's books and records shall be subject to audit by the State and, where applicable, the Federal Government, to the extent that the books and records relate to the performance of the Grant.
11. **Financial Management:** For all Grants, the practices, procedures, and standards specified in and required by the Accounting and Auditing Procedures Manual for Arizona Department of Health Services funded programs shall be used by the Grantee in the management of Grant funds and by the Department when performing a Grant audit. Funds collected by the Grantee in the form of fees, donations and/or charges for the delivery of these Grant services shall be accounted for in a separate fund.

State Funding. Grantees receiving state funds under this contract shall comply with the certified Compliance provisions of A.R.S. §35-181.03.

12. **Sub Contracts:** The Grantee shall not enter into any Subcontract under this Grant for the performance of this Grant without the advance written approval of the ADHS Administrator and Program Administrator. The Grantee shall clearly list any proposed subcontractors and the subcontractor's proposed responsibilities on a separate Attachment 6 for each subcontract. The Subcontract shall incorporate by reference the terms and conditions of this Grant.
13. **Licenses:** Grantee shall maintain in current status, all Federal, State and local licenses and permits required for the operation of the business conducted by the Grantee.
14. **HIPAA Requirements:** The Grantee warrants that it is familiar with the requirements of HIPAA and HIPAA's accompanying regulations and will comply with all applicable HIPAA requirements in the course of this contract. Grantee warrants that it will cooperate with the Arizona Department of Health Services (ADHS) in the course of performance of the contract so that both the ADHS and Grantee will be in compliance with HIPAA, including cooperation and coordination with the ADHS Privacy Officer and other compliance officials required by HIPAA and its regulations. Grantee will sign any documents that are reasonably necessary to keep the ADHS and Grantee in compliance with HIPAA, including, but not limited to, business associate agreements.

If requested by the ADHS, Grantee agrees to sign the "Arizona Department of Health Services Pledge To Protect Confidential Information" and to abide by the statements addressing the creation, use and disclosure of confidential information, including information designated as protected health information and all other confidential or sensitive information as defined in policy. In addition, if requested, Grantee agrees to attend or participate in HIPAA training offered by the ADHS or to provide written verification that the Grantee has attended or participated in job related HIPAA training that is: (1) intended to make the Grantee proficient in HIPAA for purposes of performing the services required and (2) presented by a HIPAA Privacy Officer or

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other person or program knowledgeable and experienced in HIPAA and who has been approved by the ADHS HIPAA Compliance Officer.

15. **Arizona Substitute/IRS W-9 Form:** In order to receive payment the Grantee shall have a current Arizona Substitute W-9 Form on file with the State of Arizona, unless not required by law.
16. **Cancellation for Conflict of Interest:** Pursuant to A.R.S. § 38-511, the State may cancel this Grant within three (3) years after Grant execution without penalty or further obligation if any person significantly involved in initiating, negotiating, securing, drafting or creating the Grant on behalf of the State is or becomes at any time while the Grant or an extension of the Grant is in effect an employee of or a consultant to any other party to this Grant with respect to the subject matter of the Grant. The cancellation shall be effective when the Grantee receives written notice of the cancellation unless the notice specifies a later time. If the Grantee is a political subdivision of the State, it may also cancel this Grant as provided in A.R.S. § 38-511.
17. **Arbitration:** The parties to this Grant agree to resolve all disputes arising out of or relating to this Grant through arbitration, to the extent required by A.R.S. § 12-1518.
18. **Offshore Performance of Work Prohibited:** Due to security and identity protection concerns, direct services under this contract shall be performed within the borders of the United States. Any services that are described in the specifications or scope of work that directly serve the State of Arizona or its clients and may involve access to secure or sensitive data or personal client data or development or modification of software for the State shall be performed within the borders of the United States. Unless specifically stated otherwise in the specifications, this definition does not apply to indirect or “overhead” services, redundant back-up services or services that are incidental to the performance of the contract. This provision applies to work performed by subcontractors at all tiers. Grantees shall declare all anticipated offshore services in the Grant Application.
19. **Federal Immigration and Nationality Act:** By entering into the Grant, the Grantee warrants compliance with the Federal Immigration and Nationality Act (FINA) and all other Federal immigration laws and regulations related to the immigration status of its employees. The Grantee shall obtain statements from its subcontractors certifying compliance and shall furnish the statements to the Procurement Officer upon request. These warranties shall remain in effect through the term of the Grant. The Grantee and its subcontractors shall also maintain Employment Eligibility Verification forms (I-9) as required by the U.S. Department of Labor’s Immigration and Control Act, for all employees performing work under the Grant. I-9 forms are available for download at USCIS.GOV

The State may request verification of compliance for any Grantee or subcontractor performing work under the Grant. Should the State suspect or find that the Grantee or any of its subcontractors are not in compliance, the State may pursue any and all remedies allowed by law, including, but not limited to: suspension of work, termination of the Grant for default, and suspension and/or debarment of the Grantee. All costs necessary to verify compliance are the responsibility of the Grantee.

SCOPE OF WORK

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The applicant shall prepare and submit written responses addressing the following:

PROPOSED PROJECT AND METHODS: (not to exceed total of 10 pages)

I. PROJECT INFORMATION: Provide a brief summary of your proposed project including the name of the project and a description of the importance and relevance to improving the quality of resident care in one or more of the six specific quality measures. These include:

- A. Reduction in incidences of pressure ulcers
- B. Reduction in physical restraints
- C. Improvement in pain management
- D. Reduction in incontinence
- E. Reduction in falls
- F. Reduction in the use of anti-psychotic medication

Applicants may use available grant funds for measurement tools, in-service training, consultation, technology improvement, work force development initiatives, systems improvements, medication management improvements and development and adoption of best practices and materials in order to improve one or more of the specified quality measures.

II. PROJECT DESCRIPTION:

- A. Describe the need.
- B. Describe the evidence that the stated problem(s) is a high priority for the community.
- C. Describe how the proposed project effectively addresses the improvement of quality of resident care in the specified six quality measures listed above.

III. AREA / TARGET POPULATION:

Describe who will benefit from this project.

IV. GOALS AND OBJECTIVES:

This task captures the broad statements of intent (goals) and the measurable, time-specific outcomes (objectives) that will address the above Project Description. Goals are general and should reflect what changes are desired within your targeted population or area. Objectives should support the goals, should describe specific changes that will be accomplished within a certain period of time and are able to be measured.

- 1. State goal(s) that relate to the proposed project.
- 2. Identify measurable objective(s) for each goal and
- 3. Explain how the goals and objective are linked to the proposed project.

V. PROJECTED TIMEFRAME AND ACTIVITIES:

- 1. Outline the project timeline.
- 2. Describe the activities to be completed during the proposed project timeline.
- 3. Provide supporting details to demonstrate that the activities are measurable, relevant and feasible.

VI. STAFFING:

Describe how your proposed project will be staffed.

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VII. BUDGET:

Please complete **Price Sheet / Fee Schedule – page 17**. PLEASE USE THE FORMAT PROVIDED. The budget provided shall only be for the proposed project not for the organization as a whole.

VIII. APPROVAL:

The Contractor Expenditure Report (CER) shall be submitted and approved by ADHS prior to reimbursement (See **Exhibit 1**).

IX. DELIVERABLES:

- A. The Grantee shall submit:
 - 1. The name, phone numbers and resumes of the Key Personnel, if replaced.
 - 2. Quarterly Expenditure Reports, along with appropriate invoices/receipts, due three (3) months, six (6) months, nine (9) months, and twelve (12) months after award date (unless project is completed before quarterly report is due). This report shall include, in a separate section, progress towards program objectives, successes, challenges and line item budget of funds expended.
 - 3. Final Report of the funded project, due within thirty (30) working days of completion of the project. This report shall include:
 - a. A Financial Statement / Summary,
 - b. Project Summary
 - i. The uses of the award,
 - ii. The data and best practices that have been developed by the facility, and
 - iii. How the facility benefited from the award.
 - 4. Expenditure Report – See Exhibit 1
- B. The Grantee will be required to report the uses of the award and to share data and best practices that have been developed by the facility at a conference to be sponsored by ADHS within two (2) years of grant award.

X. NOTICES, CORRESPONDENCE, REPORTS AND INVOICES:

- A. Notices, Correspondences, Reports and Invoices from the Grantee to the ADHS shall be sent to:

Division of Licensing Services Attn: Lisa Wynn
Arizona Department of Health Services
150 North 18th Avenue, Suite 510
Phoenix, Arizona 85007
Phone No.: (602) 364-3068
Fax No.: (602) 364-4808
Email: wynnl@azdhs.gov

- B. Notices, Correspondences and Report from the ADHS to the Grantee shall be sent to:

Organization: _____

Attention: _____

Street Address: _____

City, State and ZIP Code: _____

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Telephone: _____

Email: _____

C. Payments from ADHS to the Grantee shall be sent to:

Organization: _____

Attention: _____

Street Address: _____

City, State and ZIP Code: _____

<p align="center">PRICE SHEET / FEE SCHEDULE RFGA NO. HR821043</p>

COST REIMBURSEMENT LINE ITEMS	BUDGETED AMOUNT
PERSONNEL	\$
ERE	\$
PROFESSIONAL/OUTSIDE SERVICES	\$
TRAVEL EXPENSES	\$
OPERATING EXPENSES	\$
CAPITAL OUTLAY EXPENSES	\$
OTHER EXPENSES	\$
TOTAL	\$

Applicant to enter amount requested from the Budget Development Guidelines and Form in the appropriate spaces above.

Note: With the ADHS Program Manager approval, the Contractor is authorized to transfer among line items up to 10% of the total budget amount as shown on the Price Sheet/Fee Schedule. Any proposed transfer of funds among line items that exceeds 10% of the budget amount shall require an amendment to the grant. Transfer of funds from a funded line to a non-funded line is not allowed.

ATTACHMENT NO.: 1
RFGA NO. HR821043

BUDGET SUMMARY

Within the total cost for each budget category, a series of line item costs are to be identified. Provide a brief description of proposed costs. All budgeted amounts are to be rounded to the nearest dollar in each line item and budget category.

1. PERSONNEL

Position Title	Hours/week	# of weeks	Salary (rate/wk)	Total

2. SUPPLIES

a. Office:

b. Other:

3. IN-STATE TRAVEL

4. POSTAGE

5. PRINTING / PHOTOCOPYING

ATTACHMENT NO.: 2
RFGA NO. HR821043

Arizona Department of Health Services

Grant Payment Request Form

(Name of Organization)

Contract Number _____ Purchase Order Number _____

At this time, _____ (name of organization) is requesting
payment of \$ _____ (%)

Signed: _____

Date: _____

Print or Type Name: _____

Title: _____

Phone #: _____

Approved for payment by ADHS:

Signed: _____

Date: _____

Print or Type Name: _____

Title: _____

Phone #: _____

<p>EXHIBIT NO.: 1 RFGA NO. HR821043</p>

SUGGESTED REPORT FORMAT

FINAL REPORT
NURSING HOME QUALITY IMPROVEMENT GRANT
PROJECT SUMMARY
Current Date

PERFORMANCE IMPROVEMENT MEASURE:

1. Reduction in incidences of pressure ulcers; 2) Reduction in physical restraints; 3) Improvement in pain management; 4) reduction in incontinence; 5) Reduction in falls; or 6) Reduction in the use of anti-psychotic medication

Financial Summary

Total Award:

Total Expense:

Amount of Time Spent to Complete Project
(i.e., 0-3 months, 3-6, etc.)

Uses of the Award

Data and Best Practices Developed as a result of the Nursing Home Quality Improvement Grant

Criteria used to determine/measure project success:

Challenges Encountered

How did the Facility Benefit from this Grant

Contractor's Expenditure Report (Final Report) (EXHIBIT 2).
(Provider needs to attach copy)

<p style="text-align: center;">EXHIBIT NO.: 2 RFGA NO. HR821043</p>

Contractor's Expenditure and Requirement Report Instructions

This is a multi-purpose form for use by agencies who have a Negotiated Service Contract with the Arizona Department of Health Services. It should be filled out, signed by an authorized person and mailed to the Department not later than the 15th day of the month following the expenditure period or in accordance with the contract. Later submission will delay the allotment of contract funds for the following month.

1. Contract Number
2. Contractor's Name
3. Title of program
4. Reporting Period Covered: From _____ To _____
 - A. Check appropriate box:
☐ Cost Reimbursement – Cumulative Actual expenditures from the beginning of the Contract Period.
☐ Fixed Price – reimbursement type contract.
 - B. Check appropriate box.
5. Detailed statement of expenditures (Cost Reimbursement)
 - ITEM a. Approved budget indicates the total budget for the current contract term. The Line Item Budget per the contract price sheet must be shown.
 - ITEM b. Prior Report Period Year to Date Expenditures are taken from Column D (Total Year to Date Expenditures) of the CER for the prior reporting period.
 - ITEM c. Current Reporting Period Expenditures are accumulated expenses incurred from the beginning of the Reporting Period Covered, broken down by line item.
 - ITEM d. Total Year to Date Expenditures = Column B (Prior Report Period Year to Date Expenditures) plus Column C (Current Reporting Period Expenditures).
6. Detailed Statement of Fixed Price Contracts
 - A. Type of Unit – From unit description/deliverable on price sheet.
 - ITEM 1. Rate per Unit from contract price sheet.
 - ITEM 2. Number of Units Provided for the current Reporting Period.
 - ITEM 3. Item (1) times Item (2) = Total Funds Earned this Reporting Period.
 - ITEM 4. Prior Report Period Year to Date Funds Earned are taken from Column 5 (Total Year to Date Funds Earned) of the CER for the prior reporting period.
 - ITEM 5. Item (3) plus Item (4) = Total Year to Date Funds Earned.
7. Contractor Certification: it is the responsibility of the Chief Executive Officer of the reporting agency to insure valid representation of the agency's expenditures or units reported on Fixed Rate Contracts. Once satisfied, the Chief Executive Officer must sign and date the report. Only an original signature will be accepted.

Arizona Department of Health Services

Division of Licensing Services

Office of Long Term Care
150 N. 18th Avenue, Ste. 440
Phoenix, Arizona 85007

EXPENDITURE REPORT

1. Grant Number _____

2. Facility Name _____

3. Award Amount _____

4. Reporting Period _____

Periodic Report

☐

FINAL REPORT

Detailed Statement of Expenditures

ACTUAL EXPENDITURES	Prior Report Period Year to Date Expenditures	Current Reporting Period Expenditures	Total Year to Date Expenditures
Account Classification:			
Personnel Services	\$ -		\$ -
ERE/Fringe	\$ -	\$ -	\$ -
Consultants, Contractors	\$ -	\$ -	\$ -
Local Travel	\$ -	\$ -	\$ -
(Other) Operating Expense - Direct Program Supplies	\$ -	\$ -	\$ -
Capital Outlay Expense	\$ -	\$ -	\$ -
Other	\$ -	\$ -	\$ -
Total	\$ -	\$ -	\$ -

ADHS USE ONLY

7. GRANTEE CERTIFICATION

I certify that this report has been examined by me, and to the best of my knowledge and belief, the reported expenditures information is valid, based upon our official accounting records (book of account) and consistent with the terms of the grant.

PROGRAM COORDINATOR
SIGNATURE

AUTHORIZED GRANTEE
SIGNATURE/TITLE/DATE

DATE

Preparer's Name and Phone #